

CUNY SCHOOL OF PUBLIC HEALTH

A Graduate School of Public Health & Health Policy

OFFICE OF THE REGISTRAR

55 W. 125TH ST. NEW YORK, NY 10027, 5TH FLOOR

DUPLICATE DIPLOMA MAILER

PLEASE COMPLETE THE INSTRUCTIONS AS FOLLOWS AND MAIL TO THE ADDRESS ABOVE.
REQUESTS TAKE 3 – 4 WEEKS TO PROCESS

YOU MUST INCLUDE THE FOLLOWING DOCUMENTS:

- **PROOF OF IDENTIFICATION:** ATTACH A COPY OF YOUR PHOTO ID (e.g. DRIVER/NON DRIVER'S LICENSE, PASSPORT, SPH COLLEGE ID CARD, etc.)
- **DUPLICATE DIPLOMA FEE:** \$30 PER DUPLICATE DIPLOMA (MONEY ORDERS ONLY! NO PERSONAL CHECKS ACCEPTED)
- **POSTAGE FEES:** YOU MAY CHOOSE ONE OF THE FOLLOWING OPTIONS:
 1. DOMESTIC U.S. /ALL U.S. TERRITORIES: \$3.00 (STAMPS ONLY! NO PERSONAL CHECKS ACCEPTED)
 2. ALL INTERNATIONAL TERRITORIES: \$7.00 (U.S. STAMPS OR MONEY ORDERS IN U.S. CURRENCY ONLY! NO PERSONAL CHECKS ACCEPTED!)
 3. COURIER SERVICE: PREPAID USPS MAILING ENVELOPES ONLY. SIZE: (8 ½ X 11 FOR GRAD) OR (11 X 14 DOCT)

INCOMPLETE MAILERS WILL BE RETURNED.

PLEASE CAREFULLY READ THE FOLLOWING STATEMENT AND SIGN BELOW

I ACCEPT RESPONSIBILITY FOR THE CONDITION IN WHICH MY DIPLOMA WILL BE RECEIVED, PROVIDED REASONABLE CARE HAS BEEN TAKEN IN MAILING THE DOCUMENT.

SIGNATURE OF ALUMNUS

DATE

PLEASE FILL OUT THE INFORMATION BELOW (MUST BE LEGIBLE)

_____ NAME: LAST, FIRST (AS STATED ON SPH OFFICIAL RECORD)
_____ CUNYfirst ID NUMBER
_____ E-MAIL ADDRESS
_____ TITLE OF DEGREE
_____ DATE OF DEGREE AWARDED

MAILING ADDRESS (MUST BE LEGIBLE)
_____ NAME
_____ ADDRESS
_____ ADDRESS
_____ CITY, STATE, ZIP CODE

****This form will not be processed without ALL the necessary information****

Office Use Only

Fee Paid: _____ Mailed: _____ Processed by _____ Date _____